

STATE OF CALIFORNIA
CALSTARS TRAINING REGISTRATION

CALSTARS 102 (REV 08/09)

CALSTARS Training Registrar Contacts: Cindy Chastain (916) 445-0211 ext 2812
Kurt Schmiegel (916) 445-0211 ext 2811

TO: CALSTARS Training Registrar
Department of Finance (IMS: A-15)
915 - L Street, 7th Floor
Sacramento, CA 95814
FAX: (916) 323-4049
E-mail: caltrng@dof.ca.gov

REGISTRATION: Fax, mail, or e-mail completed form to address listed above. Please do not submit more than one copy.

REGISTRATION CONFIRMATION: Participants are notified via e-mail of enrollment or placement on a waiting list when classes are full. A Welcome Letter is sent via e-mail to each participant at least 10 days prior to the scheduled training. Registrants not receiving a Welcome Letter at least 7 days prior to the scheduled class should contact the CALSTARS registrar listed above.

SUBSTITUTIONS: Departments may substitute staff who meet the course prerequisites. Substitute attendees must present a completed CALSTARS Training Registration Form (CALSTARS 102).

CANCELLATIONS, NO SHOWS: Departments must notify the CALSTARS Registrar of cancellations at least 5 days prior to the scheduled class to avoid penalty charges. The CALSTARS Registrar must be notified of cancellations in the case of illness or unforeseen emergency as soon as possible, but no later than 8:30 a.m. on the day of class.

Late cancellations (received 5 days or less prior to the scheduled class) and no-shows for Track classes other than illness or unforeseen emergencies will be charged \$100 per each day of class missed per participant.

Late cancellations and no-shows for Monarch classes will be charged the full tuition.

REASONABLE ACCOMMODATIONS: Must be provided by the registrant's department.

TRACK NUMBER	CLASS TITLE	YEARS OF EXPERIENCE PREPARING YEAR-END REPORTS (FOR YEAR-END TRAINING CLASSES ONLY) :
PREREQUISITES: Does the participant meet the prerequisites for the class as stated in the training announcement? YES <input type="checkbox"/> NO <input type="checkbox"/>		BRIEF JOB DESCRIPTION:
Does the training directly relate to the current job assignment? YES <input type="checkbox"/> NO <input type="checkbox"/>		

	SECTION NUMBER	SECTION DATES
1 ST CHOICE		
2 ND CHOICE		
3 RD CHOICE		

TRAINING PARTICIPANT'S NAME (as it is to appear on the training certificate)		PARTICIPANT'S E-MAIL ADDRESS (REQUIRED)	
DEPARTMENT	IMS CODE	ORGANIZATION CODE	
UNIT		CIVIL SERVICE CLASSIFICATION TITLE	
ADDRESS		PARTICIPANT'S WORK PHONE NUMBER EXTENSION () -	
CITY	STATE	ZIP CODE -	

PLEASE DESCRIBE ANY DISABILITIES WHICH MAY IMPACT THE REGISTRANT'S PARTICIPATION IN THE TRAINING CLASS. REASONABLE ACCOMMODATIONS (IF ANY) MUST BE PROVIDED BY THE PARTICIPANT'S DEPARTMENT.

NAME OF TRAINING OFFICER OR SUPERVISOR AUTHORIZING ATTENDANCE	SIGNATURE OF TRAINING OFFICER OR SUPERVISOR AUTHORIZING ATTENDANCE		
E-MAIL ADDRESS OF TRAINING OFFICER OR SUPERVISOR (REQUIRED)	TELEPHONE NUMBER ()	EXTENSION -	DATE

Do not write below this line: TO BE COMPLETED BY CALSTARS REGISTRAR

ENROLLED CLASS DATE	PLACED ON WAITING LIST	REGISTRARS INITIALS	DATE

CANCELLED ON: ☐ DID NOT SHOW ☐ LATE CANCELLATION ☐ INVOICE